Louisiana Medicaid
Select Skeletal Muscle Relaxants
Criteria for Quantity Limit Override

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request authorization to override maximum quantity limits that apply to select skeletal muscle relaxants.

Additional Point-of-Sale edits may apply.

Approval Criteria

- **ONE** of the following is required and is **stated on the request**:
    - The recipient has had a *positive response to the requested therapy* as evidenced by an improvement in function and/or signs and symptoms, *without evidence of adverse effects or abuse*; **AND**
        - The recipient *is currently taking the requested dosage and quantity*; **OR**
        - The recipient *has taken the requested dosage and quantity in the past*; **OR**
    - The recipient had a *partial but inadequate response* to the requested medication *at a lower dosage and quantity* **AND ALL** of the following:
        - Medication *non-adherence was ruled out* as a reason for the inadequate response; **AND**
        - The recipient *tolerated* the medication at *the lower dosage*; **AND**
        - There was *no evidence of adverse effects or abuse* at the lower dose; **AND**
        - The *medication quantity and dose, as requested, are necessary for this patient*; **OR**
    - The recipient *has not previously used this medication*; however, the prescriber is *citing references* for supporting quantity limit exception with this request (for example, a peer-reviewed journal article demonstrating the safety and efficacy of the requested dose for the indication); **AND ALL** of the following:
        - The requested quantity and dosing are supported in the accepted medical compendia; **AND**
        - The *medication quantity and dose, as requested, are necessary for this patient*; **AND**
- The total daily dose of the requested medication cannot be achieved with a lower quantity of a higher strength that does not exceed the quantity limit (e.g. two 5mg cyclobenzaprine tablets should not be used to build a 10mg dose when a 10mg tablet is available); **AND**
- By submitting the authorization request, the prescriber attests to the following:
    - The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; **AND**
    - All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; **AND**
    - The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in

combination with any other medication that is contraindicated or not recommended per FDA labeling.

Reauthorization Criteria

- The recipient continues to meet initial approval criteria; **AND**
- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy as evidenced by an improvement in function and/or signs and symptoms, *without evidence of adverse effects or abuse.*

Duration of initial and reauthorization approval: 6 months

References

Baclofen [package insert]. Bridgewater, NJ: Amneal Pharmaceuticals LLC; June 2020. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=198a9d33-25de-4509-9f7d-166ce0c53a0c&type=display

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Cyclobenzaprine [package insert]. Salisbury, MD: Jubilant Cadista Pharmaceuticals Inc; November 2017. https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=592871f6-0eb2-4624-9e10-bd8bf767c002&type=display

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